Formalized mentorship program for newly hired pharmacists

Research has shown that mentoring influences career choices and can positively affect personal development, mentee self-confidence, and research productivity. In healthcare, mentoring can be crucial for the development of future leaders.

A formal mentorship program can ensure that mentoring is established as a priority and that participation in mentorship is increased. However, in formalized programs, managers typically take on the responsibility of assigning mentors. When mentees take the initiative themselves to find a mentor, they invest in the experience and the outcomes more deeply. A balance between self-initiated mentorship and a formalized program is warranted.

At the University of North Carolina Medical Center, a formal mentorship program existed for pharmacy residents but not for permanent employees. The mentorship program for residents is well structured and continues to be a strong, recognized asset of the residency program each year. Recognizing the benefit this type of service could provide to newly hired pharmacists, we sought to implement a formal mentorship program for permanent employees. To pilot this program, we began with pharmacists who worked in our hematology and oncology division. Mentees were identified as those pharmacists who had less than one year of practice experience. Mentee participation was mandatory, while mentor participation was voluntary. Pharmacists with greater than two years of oncology experience, not including postgraduate experience, were identified as potential mentors.

Mentees selected their mentors rather than having a mentor assigned by a manager, which aligns with research showing the importance of allowing mentors and mentees to assess their relationship before making a commitment. An e-mail was sent to 12 potential mentors by the clinical manager with one reminder e-mail. Seven mentors expressed interest in participating and were asked to create mentorship profiles that included information about their practice area, training and education, experience, mentorship style, and preference on when and where to meet. These profiles were distributed to mentees for review after completion of their training (four to eight weeks) to allow them to acclimate and get to know potential mentors. The clinical manager asked mentees to approach potential mentors to discuss further details and assess their fit as a mentor–mentee pairing. Mentees then asked one individual to be their mentor and, once accepted by the mentor, notified the manager of the mentorship pairing.

Objectives of the mentorship program included building an open relationship to address issues, providing constructive feedback and support, ensuring progress and integration into the oncology pharmacy team, and supporting the growth of both the mentor and mentee. Meetings between mentor and mentee were required to occur at least monthly for 12 months but could be more frequent, depending on the mentee’s needs or requests.

The program was initially implemented in the summer of 2013. There were a total of nine mentor–mentee pairs. Twelve months after program implementation, a survey was created to assess the mentorship program’s effectiveness, participant engagement, and any changes that participants would find helpful. Results from the survey revealed that the program had been effective but that improvements were warranted.

Participants felt that the program was beneficial to them professionally. Mentees reported improved job satisfaction and noted that they were able to learn more about future leadership opportunities. Mentors also expressed satisfaction with the program, highlighting the benefits of personal and professional development.

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Factors influencing pursuit of postgraduate year 2 pharmacy residency training

Postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2) pharmacy residency programs are critical for providing additional education and advanced training after completion of the doctor of pharmacy degree program. PGY1 programs generally have a broad practice focus, and PGY2 programs have a more specialized focus, such as cardiology, oncology, nuclear, or pediatric pharmacy. While the benefits of completing a residency have been previously described, no published study has specifically elucidated the factors motivating PGY1 residents to pursue a PGY2 residency.

To evaluate the motivational factors and barriers influencing current PGY1 and PGY2 pharmacy residents’ decision to pursue a PGY2 residency program, we conducted a Web-based survey directed toward all PGY1 and PGY2 residents attending the May 2014 Western States Conference, an annual conference that features residents presenting their research findings. The 3-point Likert-type scale survey (1 = very important, 2 = somewhat important, and 3 = not important) assessed motivational factors and barriers adapted from Bucci et al. and McCarthy and Weber. Of the 706 potential resident participants, 249 (35.3%) responded. Fifty-one surveys were deemed incomplete and excluded from the analysis, leaving a final cohort affecting the mentorship relationship. Mentor training is currently in development.

This formalized mentorship program for newly hired pharmacists was beneficial to the majority of mentees and mentors within the oncology service line. The program will be expanded to other service lines to ensure that all new pharmacist hires are connected with a mentor.


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